Rainbow® Children's Hospital
It takes a lot to treat the little.

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Your Right to a Safe Delivery

DISCHARGE AT REQUEST

Name	Baby Of SARASWATHI	**UHID**	HNH-00016212
Father/Guardian	Mr NAGI REDDY	**Age/Gender**	0 Y 0 M 4 D/ Female
Address	SRI SAI NAGAR COLONY, Kukatpally, Hyderabad, Telangana, INDIA, 500072		
IP No	IP26-00006667	**Admission Date**	27-06-2026
Ref Doctor	Self.		
Discharge Date	01.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
MODERATE PRETERM (33 weeks + 5 days)/AGA/BABY GIRL/RDS - NIV	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of SARASWATHI is a moderate preterm (33 weeks + 5 days)

Name	Baby Of SARASWATHI	UHID	HNH-00016212
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baby girl, delivered to a primi mother by emergency LSCS on 27.06.2026 at 11:28 am with birth weight of 2.48 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.
In view of respiratory distress with tachypnea and chest retractions baby started on DR CPAP and shifted to NICU for further management

Maternal History: Mrs. SARASWATHI is old primi mothers.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Baby's blood group is O positive.

Examination: Baby was euthermic (36.5*F), euvolemic and was maintaining saturations at room air. On examination tachypnea , subcoastal and intercoastal chest retractions present . On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.48 kgs.
Weight at discharge : 2.38 kgs.

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Head Circumference : 33 cms.
Length : 45 cms.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 18.3 gm%, White Blood Cell count of 13420 cells/cumm, platelet count of 2.29 lakhs/cumm and C-Reactive Protein of 6 mg/l.Serum electrolytes showed sodium of 133 mmol/L, potassium of 5.4 mmol/L & Chloride of 100 mmol/L. Serum Creatinine was 0.8 mg/dl. Blood Urea was 51 mg/dl. Serum Calcium was 7.5 mg/dl.

Repeat Hemoglobin of 15.5 gm%, White Blood Cell count of 15000 cells/cumm, platelet count of 2.58 lakhs/cumm and C-Reactive Protein of 5 mg/l.

Serum bilirubin was 11.4 mg/dl with indirect fraction of 11.3 mg/dl.

Transcutaneous bilirubin was 15.4 mg/dl.

Management: Course during hospital:

RDS-NIV :
In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 7, PIP:18, FiO2: 21%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support . Initial chest X - ray was normal. Initial VBG showed pH of 7.36 , pCO2 of 41.3 mmHg, pO2 of 75 mmHg, HCO3 of 23.2 mmol/L and BE of -2.2 mmol/L . As the respiratory distress settle and serial Blood gases showed improvement , the baby was weaned off to CPAP mode and later to HFNC and room air by day 3 of life . Now baby is maintaining saturations at room air without any respiratory

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distress.

In view of preterm , low birth weight, baby's blood sugar levels were serially monitored which remained stable.

Feeding: Initially baby was kept NPO for 6 hours , later started on NG tube feeds once tapered from NIPPV to CPAP .Gradually feeds were increased and started on spoon feeds after tapering from CPAP . On day 2 baby was noted with abdominal distension without any vomitings/aspirates , Xray abdomen done and pediatric surgery consultation was taken ,told as normal . Breast feeding was initiated on day 3 , but in view of insufficient mother milk measured feeds were started .Baby tolerated the feeds well.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 4 of life.
Transcutaneous bilirubin was 15.4 mg/dl which is in phototherapy range , started on double surface phototherapy and continued on direct breast feeds + measured feeds. Parents were councelled regarding the need of further hospital stay and need of phototherapy for atleast 24 hours . Inspite of explaining about neonatal jaundice and its complications parents were requesting to get discharged .

Vaccination: Baby was given following vaccination:

Name	Baby Of SARASWATHI	**UHID**	HNH-00016212
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Vaccine Name	Status	Date
BCG	Given	01.07.2026
OPV	Given	01.07.2026
HEPATITIS B	Given	01.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.

Newborn screening advanced / Newborn screening-4: To be done on follow up.

SPO2 : 98 % at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Parents are counselled about the nature severity of illness and possible prognosis of the childs condition. They were also counselled about the need for further hospital stay. How ever parents were unwilling for further management on personal grounds and requested the child to be discharged. Hence child is being Discharge on Request.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.

Name	Baby Of SARASWATHI	UHID	HNH-00016212
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Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done on followup**

Review consultation with Dr. SPANDANA PASUPULETI on Friday(03.07.26) at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

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Name	Baby Of SARASWATHI	**UHID**	HNH-00016212
IP No	IP26-00006667	**Admission Date**	27-06-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

HNH-00016212
Baby Of SARASWATHI
27-05-2026
Dr. SPANDANA PASUPULETI
IP26-00006667
0 Y 0 M 4 D
(F)

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	5			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Billings	6			
	Total No. of Pages	25			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 1-Dec/ 11/7/26

(R1.0)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

HNH-00016212 IP26-00006667
Baby Of SARASWATHI 0 Y 0 M 0 D 16 H (F)
27-06-2026
Dr. SPANDANA PASUPULETI

11 - 12.6
C = 15.4

BY RAINBOW HOSP.TALS
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INTENSIVE CARE UNIT

...ICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: O +ve ..... Sheet No: (1)

Gest Age: 34 weeks ..... Birth Weight: 2.480 kg .....

Date: 28/6/26	Date: 29/6/26	Date: 30/6/26
DOL N/B Weight 2.440 kgs ↓ 40 gms	DOL D2 Weight 2.400 ↓ 40 gm	DOL D3 Weight 2.370 kgs ↓ 30 gm
Problems: RDS 33 week 5 day	Problems: RDS 34 wk 5 day	Problems: RDS 34 wk 6 day
Rs. 30-60 b/m Exam Done Vent. Setting C-PAP ABG CXR Done	Rs. 30-60 b/m Exam Done Vent. Setting C-PAP ABG Done CXR	Rs. 30-60 b/m Exam Done. Vent. Setting RA ABG CXR
CVS Normal HR 120-160 b/m BP 63/41 Map 47 Cap Refil	CVS Normal. HR 120-160 b/m BP 60/43 Map 53 Cap Refil	CVS Normal HR 120-160 b/m BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics Inj - Pip taz	C/s Results CRP Antibiotics Pip taz	C/s Results CRP Antibiotics Stop.
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done.	Assessment Done.
Plan RBS. 6 hrly	Plan RBS 12 hrly	Plan RBS 12 hrly

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: ....

Gest Age: ..... Birth Weight: .....

Date: 1/7/26	Date:	Date:
DOL D4 Weight 2.380 ↑ 10grams	DOL Weight	DOL Weight
Problems: PT/RDS	Problems:	Problems:
Rs. 30-60 b/m Exam Done Vent. Setting RA ABG CXR pSOS	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR 120 – 160 b/m BP 65/40 Map 49 Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 198 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics stop	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan Shifting	Plan	Plan

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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RESULT SHEET

Date	27/6/26	28/6/26				
Time	15:07 pm					
Hb	18.3	15.5				
PCV	51.3	44.2				
RBC	5.11	4.48				
WBC	13.42	15.00				
N/L	50.9/39.0	50, 35				
Platelets	229	258				
CRP	6.0	5.0				
ESR						
PCT						
RBS						
Na		133				
K		5.4				
Cl		100				
Ca/Mg		2.5				
Phosphate						
Urea		51				
Creatinine		0.8				
ALP						
SGPT						
SGOT						
T.Bill/Conj		11.4				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	O+ve					
TCB - 15.4.						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006667 **Admit Date** : 27-Jun-2026 **Admit Time** : 01:22 PM **UHID** : HNH-00016212

Patient Details :

Patient Name	: Baby Of SARASWATHI	**Age**	: 0 D
Guardian	: Mr NAGI REDDY	**DOB**	: 27-06-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SRI SAI NAGAR COLONY Kukatpally Hyderabad Telangana INDIA 500072	**Phone No**	: 9701947399/ 9676673411
		E-mail	: NAGIREDDY135@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU2-406 **Ward Name** : 4F -NICU 2

Room No : NICU2-406 **Admission Type** : First Visit

Contact Details :

Name : Mr NAGI REDDY **Relationship** : Father

Contact Address : SRI SAI NAGAR COLONY Kukatpally Hyderabad Telangana INDIA 500072 **Phone No** : 9701947399

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 40000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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CROSS CONSULTATION FORM

Doctor Name: Dr. mukta Date: 29/6/26 Time: 11:10 Am.

Diagnosis: PT/RDS

Hospital: RCH

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

S/B Dr Mukta

34 wk / DOL-2nd / asdo distention.

No limit
pain meanem.

P/A- Soft
mild gaseendistention

NG- milkisa aspirate.
- Ct - feeds
- add Dominal
- No surgical interv at present

I Anglagia

I vast-feed @ 8AM tody

Apr - gaseous distention
SB+ retunseen.

Consultant :

Name: D Mukta Signature: Date & Time: 29/6 11.10 Am

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Saraswathi Age: NB Gender: Male ☐ Female ☑

UHID.No : HNH-00016212 Date: 27/6/26

I Nagi Reddy S/o, D/o, W/o Ram Reddy. hereby declare that our patient Mr. / Ms B/o. Saraswathi who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 27/06/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Moderate Birth asphyxia / Preterm (34+3) / Small for dates / CDAH / TB exposure (2 yrs) on INH / ROP

The doctors have clearly explained to me that my patient B/o . Saraswathi during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o : Saraswathi in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : Snaredy.

Name : Nagi Reddy.

Relationship with Patient: Father.

Date & Time : 27/6/26 at 1:22pm

Witness :

Signature : Dheeraj.

Name : Dhanunjay

Date & Time : 27/6/26 at 1:22pm

Doctor (who is taking the consent) :

Signature :

Name : (Dr. Tejaswi)

Date & Time : 27/06/26 at 1:22pm

[illegible]

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-05-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bco Saraswathi Gender: ☐ Male ☑ Female

UHID No : HNH-00016212 Department : NICU Date : 27/05/26

I Nagireddy S/D/W/O Saraswathi

Here by give consent for procedure of : NIV (Non Invasive Ventilation)

For my patient, Named : B/o Saraswathi

The doctors have clearly explained to me that the procedure has following possible complications:

Non invasive Ventilation (NIV)/
Aspiration / Barotrauma / Hemodynamic compromise

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: —

Patient Attendant :

Signature : S Nagireddy

Name : Nagi Reddy

Relationship with Patient: Father

Date & Time : 27/6/26 1:30pm

Witness :

Signature : Laxmi prasanna

Name : SH

Date & Time : 27/6/26 1:30pm

Doctor (who is taking the consent) :

Signature : Dr. Santhosh

Name : Santhosh

Date & Time : 27/06/26 1:30pm

CONSENT FOR FORMULA FEEDS

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HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

Patient Name : ..... Age : ..... Gender : ☐ Male ☑ Female

UHID No : ..... Department : NICU. Date : 27/6/26.

I Mr / Mrs. : Nagi Reddy aged 34 years, hereby declare that I have admitted my ☐ son / ☑ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 27/6/26 I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Swaccel.

Name : Nagi Reddy.

Relationship with Patient: Father

Date & Time : 27/6/26 at 1:30pm

Witness :

Signature : Dhan.

Name : Dhan.

Date & Time : 27/6/26 at 1:30pm

Doctor (who is taking the consent) :

Signature : Scandal

Name : A. Scandal

Date & Time : 27/06/26 at 1:30pm

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ACTIVITY RECORD FOR BILLING

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

Name: ----- ----------

UHID No : - --------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	1 pm	Gandhi Hospital	NICU	SY

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. MUKTHA	29/6/26	9163	
2.	Cross Clubbed done by Dhenya 30/6/26 @ 6pm			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/6/26	Chest X-ray	7652	
	CBP, CRP, Blood Grouping	10460	
	Blood culture		prasanna
	① VBG, ④ RBS (46 mg/dl)	10459	
27/6/26	② ABG, ⑤ RBS (67 mg/dl)	10473	Suf
27/6/26	③ VBG, ③ RBS (153 mg/dl)	04496	
28/6/26	⑥ RBS (56 mg/dl)	0512	
28/6/26	⑦ ABG	10516	Shy
28/6/26	CBP, CRP, Electrolytes	10540	Dhaya
	Urea, Creatinine		
	SBR, Calcium		
28/6/26	⑧ ABG, ⑤ RBS (69 mg/dl)	0541	
27/6/26	⑥ RBS	04483	
	Cross clubbed done by Dhanya 28/6/26 @ 6pm		
29/6/26	⑦ RBS (96 mg/dl)	10582	
29/6/26	X-ray Abdomen	7692	
29/6/26	⑧ RBS (122 mg/dl)	06445	
30/6/26	⑨ RBS (109 mg/dl)		
	Cross clubbed done by Dhanya 30/6/26 @ 6pm		
1/7/26	⑩ RBS (94 mg/dL)	10712	
1/7/26	TCB (Head 12.9, clubb. 15.2)	10713	
	Cross clubbed done by Dhanya 30/6/26 @ 6pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	Invasive monitor	1:22pm	30/6/26 11AM	9697	
	Syringe pump		30/6/26 9pm		
	Oxygen		29/6/26 @ 8AM	08698	prasanth
	CPAP				
	Cross clubbed done by Dhanya 28/6/26				
29/6/26	DSPT	~~1AM~~	30/6/26 12AM	09067	SH 6pm
	Cross clubbed done				
1/6/26	DSPT	7AM	1/7/26 11AM	9686	Dh

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV placement.	1	8697	
	Cross clubed done by		Dhanya	28/6/26
29/6/26	RL placement	0.	9687	6pm.
30/6/26	RL placement	0.	9687	
	Cross Clubed done by		Dhanya.	1/7/26 @ 11 AM

ANY OTHER INFORMATION

VBG - 1
ABG - 4
RBS - 10
Chest x-ray - 1

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
27/6/26	1 pm (1)	49 mg/dl	10% Dex	Shf
27/6/26	6 pm (2)	67 mg/dl	10% Dex	Shf
27/6/26	10:42 pm (3)	153 mg/dl	10% Dex	SH
28/6/26	5 AM (4)	56 mg/dl	10% Dex	SH
28/6/26	5 pm (5)	69 mg/dl	10% Dx	Dhy.
27/6/26	8 pm (6)	110 mg/dl	10% Dx	
Cross Checked done by Dhaya 28/6/26 @ 6pm.				
29/6/26	8 AM (7)	96 mg/dl	10% Dx	SH
29/6/26	8 pm (8)	72 mg/dl	10% ISOP	SH
30/6/26	8 AM (9)	109 mg/dl	10% ISOP	SH
Cross Checked done by Dhaya 30/6/26 @ 6pm.				
1/7/26	8 pm (10)	96 mg/dl	10% ISOP Ringer.	Dhy.

Docu. No. : RCH /FRM / CLINICAL / 185

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : TBO Sirascathi Age : ..... Father's Name : Nagireddy Age : .....

Date of Birth : 27/06/26 Date of Admission : 27/06/26 UHID No. .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : TBO Sarascathi

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 27/06/26 Time of Birth : 11:28 AM

Place of Birth : Ananda Hospital

Mother's Blood Group : .....

Birth Weight (gms) : 2980 gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : .....

..... TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
primi		34+0	2480gm	female	GmUC	

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

TOTAL

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	1	
2	2	
7/10	8/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Late preterm (34+0) / female / CIAB / BS. wt:- 2480gm / ? TTNB / ? RDS

Patient Stick

History of Present Illness:

Female T Baby delived on 27/06/26 @ Gandhi Hospital 11:28 AM (Outside Hospital)

↓

Baby cried immediately after birth

↓

Routine Newborn care given

↓ at 10 min

Baby had Respiratory distress (Subcostal retractions ⊕)

HR:- 170/min, SpO2:- 90% @ Room air

↓

kept on O2 @ NP @ 2 lit/min

↓

Investigation details in previous Hospital : Transported to Rainbow Hemangiogram in ambulance for further management

Adv

Feeding History :

- O2 @ NP @ 1 lit/min
- ~~Expressed feeds 10 ml/feed~~
- IV fluids (10%) ~~1st 2nd hourly~~
- STBR, NBS, UAG @ 4 hrly

Past History :

- CBP, CRP, Blood C/S after admission
- Chest X-ray to be done
- Vaccination to be done

Family History :

- Newborn care care
- Mother with fever

Socio Economic History :

Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : Gecksmm HR : 130/min RR : 58/min NIBP : ..... CFT : .....

Color of the extremities : pink

Jaundice : ⊖ Pallor : ⊖ SpO2 : 92% @ RA

Anthropometry : Birth Weight : 2280gm Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion : WNL
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

Patient Sticker

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-05-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA : Labia / Hymen :
Testicles/penis :
Anus : normal

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES : Fingers / Toes : Arms / Legs :
Deformities : Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60/min (P) SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : O_2 @ NP @ 1 lit/min

SpO_2 : 99% @ O_2 Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 155/min BP : 63/34 mmHg Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : RR (+) Signs of Cardiac Failure : .....

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : 2 vA + 1 UV (P)

Palpable masses : (N) First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

Patient Sticker

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

Nervous System : Higher intellectual functions (Sensorium) .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System : Normal

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

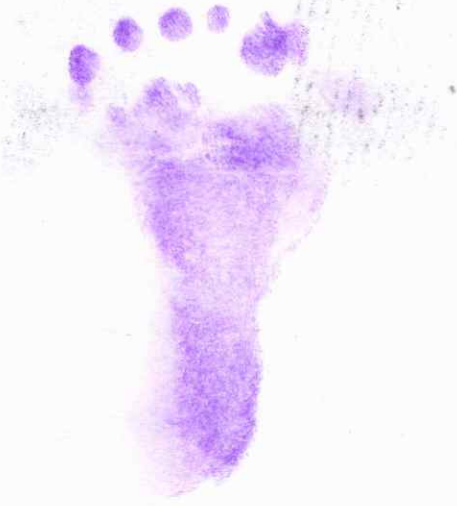
Any Congenital Anomalies : .....

.....

Diagnosis : Late preterm (34w) / Female / CEAB / Gm-UG /
B.wt: 2.48gm / ITINI 7 DOL

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Sankath

Name : Dr. Sankath

Date & Time : 27/06/26 12:00 PM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Feeding Plan at the time of shifting : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

Patient Sticker

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0Y0M0D15H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/06/26 1PM	C/S/O. Dr. Tejasri / Dr. Sambath	
	Moderate preterm (33 Wks 5 d) / Female / CTAB / B. wt:- 2480 gm / (AGA)	Em LSCS (outborn) / ? TTNB / RDS
	Baby on O_2 @ NP @ 1 lpm	
	Tachypnea	
	O/E:- Vitals:- HR:- 145/min	
	RR:- 55/min	
	BP:- 63/39 mm Hg (45)	
	SpO_2:- 98% @ O_2	
	S/E:- RS:- BAE (+),	
	Subcostal retractions (+)	
		Adv
		O_2 @ HFNC @ Flow:- 6 lit/min
		FiO2:- 25%
		- CBP, CRP, Blood C/S
		- Chest x-ray
		- Inj PIPTAZ
		- Feeds (OG) start with 2nd and increase gradually
		- Monitor vitals and Informed
		- Dextrose (10% D) @ 6.2 ml/hr Sambath

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0Y0M0D15H (F)
Dr. SPANDANA PASUPULETI

Saraswathi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselled by Dr Jayanvi	
27/06/26 12:40PM	Moderate preterm (33+5d) & PROM	
	B.wt: 2480gm	
	PROM	
	Lungs → Immature	
	↓	
	(Respiratory distress) Subcostal retractions	
	Transported with O2 @ NP @ 2lit/min	⑦
	↓	
	TBlood gas, Chest x-ray, TBlood tests	
	↓	
	O2 support (HFNC / CPAP / NIV) to be checked based on blood gas and other reports	
	IV Antibiotics after TBlood tests	
	Feeds → formula feeds	
	3 - 4 days minimum duration of NICU stay	
		SN noted.

HNH-00016212 IP26-00006567
Baby Of SARASWATHI
27-06-2025 0Y0M3D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/G. O- Spandana	
27/06/26 6PM	Moderate preterm (33w+5d) / female / LIAIR / Emlscl (NNOM) ~ 6hr T.Wt: 2480 gm / AGA / RDS	
	Baby on NIV PEEP:- 6 / PIP - 18 / FiO_2 - 21%	
	O/E:- Euthermic HR:- 125/min SpO_2:- 97% @ NIV BP:- 69/41 mmHg (S) RR:- 55/min	
	S/E:- RS:- BLAG(+), Subcostal retractions(+)	Adv - Cont NIV - IV fluids (10% D) - Inj PIPTAZ - Trace Blood reports - Monitor vitals and Inform SOS - GRBS 6th Sunday
		Noted by Laxmi prasanna 27/6/26 @ 6pm

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCH /FRM / CLINICAL / 088

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6 6.30 PM.	Counselling notes	
	Fast breathing present, CXR looks better => Baby on NIV mode	
	=> Plan to Repeat CBG overnight	
	=> Plan to Continue NIV. Ventilation. Overnight =>	If CBG normal => CPAP Mode.
	=> plan to start OG feeds tomorrow	
	=> plan to continue NICU stay.	
	=> Minimum 4-5 days of NICU Stay => Preterm takes time to settle on O_2 support	
	P.S.	SN Reddy.

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Baby Of SARASWATHI
27-06-2026 0Y0M0D16H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CL/LB Dr. Spandana / Dr. Naipunya	
28/6 8:00 AM.	MPT (33+5wks) / CIAB / Em LSCS / PROM 6hrs.	
	On CPAP.	
		Plan
	FiO_2 = 21%.	
	PEEP - 7.	- Cont Pipta Z
	Vitals - HR - 130, RR - 38, SpO_2 - 98%.	- Cont CPAP
		= Trace bld reports
	R/S - B/L Aft ↓	= OG 2ml / 2nd hourly. ↑ 3ml / 6th hourly
		= Send NP1 @ 5pm today.
		- Diet
		Noted by Laxmiprasanna 28/6/26 @ 8 AM

B/O Saraswati

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6 9.00 AM.	Counselling notes	
	=> Baby was weaned off to CPAP mode, Baby maintaining well on CPAP	
	- Plan to Stat OG feeds today	
	- plan to Continue IV antibiotics	
	- plan to repeat Investigation today	
	- plan to cont NICU Stay.	
	P.S	Sunday.

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-08-2026 0Y0M0D16H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 · 2pm	S/B Dr. Archana ·	
	MPT (33+5 wks) / CIAB / Em. LSCS / PROM for 6 hrs / on CPAP / RDS	FiO2 - 21%. PEEP - 7.
	Euthermic :	
	1 episode of desaturation (P)	Advice
	on 4cc/6th hourly feeds	· (S) Blood gas
	Urine } passing adequately.	· To increase feeds acc. to plan ·
	Stools }	· Send NP, ·
		· ct piperacillin+Tazobactam
	HR - 132 bpm	· Ct IVF .
	RR - 50/min	· Inform if any episodes of desaturation / apnea .
	PP - W.f	— Taper Ryl. to 5 ml/h @ 6 ml feeds
	CRT < 3 secs	
	SpO2 - 98% · on CPAP ·	
	CNS - active	Sd/ Dr. Archana 28/6/26 · 2pm ·
	CVS - S1S2 (P)	
	RS - AEBE	
	P/A - soft ·	

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27-06-2026 0Y0M0D16H (F)
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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 3AM	c/s/by Ds. Anuha / Ds Asha	
	MDT / CBW / CIAB / F / PROM (6h) / RDS.	
	on CPAP	
	[FiO2 - 21% PEEP - 7 PIP - 12]	⇒ Plan - (VBG) ↓, Machine not work
		⇒ ct CPAP
	HR - 140/min	
	SpO2 = 95% on CPAP	⇒ ct IVfh 5ml/h
	BP = 58/41 (44)	inf 6ml Q2hly
	CFT < 3sec	(↑ 2ml Evy 6th hour)
	Activity - good	(8ml inf ⇒ 4ml/h)
		⇒ ct Antibiotics
		⇒ GRBS Qhrly
		- Monit vital
	Af	

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27-06-2026 0 Y 0 M 0 D 16 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8 AM	c/s/by Ds Anush / Ds Spandana	
	MAFT / CBW / CIAB / F / PROM (6h) / RDS)	
	on HFNC 6 lit/min.	
	→ Abd - distended. No vomiting	— VBG - once machine working.
		— wean off HFNC ~~=~~ trial
		→ XRay Abdomen ~~Ds~~ Plain Supine
		— 8 ml Orly feed iv/g 4 ml/h (↑ 2 ml 8 hrly)
		— Ag Monitor 12 hrly (inform if ↑ > 2 cm)
	Af	

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 ~~10 AM~~	c/c/b Dr. Spandana	
	APT/ CBC/ PPBS/FBS (6hrs) / RBS	
	- On room air.	
	O/E - HR - 142/min. RR - 42/min SPO2 - 100% @ RA.	P/A - Ped. 1y opinion.
	S/E - WNL. P/A - Soft, NT, BS+, Abdominal distension (+).	- 2D echo. - Ct. pipkg. IVF.

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/26 10.15AM	Dr. Spandana.	
	SVIA.	
	Feeds - 8 ml. - 2 hourly	
	Abdominal distention	
	AXR - dilated	
	Feeds - stop.	-) Fluid maintenance →
	-) IV fluids	
	-) surgical opinion	
	CRP - (5)/(5) - normal	
	Abx - continue	
	2D Echo - Heart.	
	Pt shifted.	Surgery.

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12 PM		
	Plan	
	- Restart feeds 2nd Q2H [1st 2ml Q6H]. 9.5	
	- IVF @ 120ml/kg/d. @ 5ml/hr	
	- Add Domstal suspension.	
	- Add Glycerine enema	
	- 2D echo - Small PDA. (screening)	

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 2PM	CIIb Dr. Varun	
	HDT / 33+6wks / CBW / MDI / Feeder	
	↓ DEPT.	
	↓ Room air.	Plan
	O/E - HR - 136/min. RR - 46/min SpO2 - 97%.	- Ct. 2ml OG feeds. - Ct. Dopamine/Glycerine I.V.
	S/E - P/A - Soft, NT, abd. distension (+).	- Ct. piptaz/caspine. - AG monitoring Q2H (Inform if >22 cms).
	AG ↓ (24 cms)	- GMBS Q12H. - SF trickle 1-2ml feeds.

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-05-2026 0Y0M0D16H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

B/O Saraswathi

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling notes	
29/6 4:00pm:	- Baby is off O_2, maintaining Room air	
	- Started OG feeds, slowly	plan to increase
	- Abdominal distension (+) in morning, now reduced, plan to continue feed	
	- Stop IV antibiotics	
	- plan to Continue NICU Stay	Sunny.

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 9.30 pm	C/S/B - Dr. Prashanti / Dr. Thanvi	
	Δ - mod PT / LBW 3316 / PPROM (6h) / RDS / Female	
	↓ D SPT on Room Air	
	O/E	
	HR - 158/m RR - 68/m SpO2 - 95%	Plan - AG monitoring • To ↑ to G feeds Gradually, cont IVF • To ↑ to 17 ml at 12Am, if no distention.
	S/E	
	CFTA Good.	• continue Warmcare Spoon feeds • Inform if AG > 2cm Rush • GRBS @12h • monitor vitals/U.O

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-05-2026 0 Y 0 M 3 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 7am	c/o/b Dr. Dhanvi	
	mod preterm | RDS | LBW.	
	- on DSPT.	
	- on spoonfeeds	
	L 17ml/2nd h.	
	↓	
	mild abd. distension (+)	
	- urine ✓	
	- feeds ✓	Plan
	- stools ✓	1) 24 monitoring
	O/E	2) Ct. 17ml feeds.
		3) 4RBS @. 12th h
	vitals : HR : 145 bpm	4) monitor meals
	RR : 56 cpm	5) Ret ct. as pre
	SpO_2 : 96%.	Rx chart.
	BP : 63/31	
	P/A : soft	
	- mild distension (+)	

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 dm	C/S/B - Dr Tejasvi	
	A - Mod PT / RDS / LBW 33+6	
	D3	
	Twt - 2370 ↓30gm Bwt - 2440	
		Plan
	O/E Pink euthermic RR - 45/m Intermittent Tachypneat Spo2 - 98% on RA HR - 147/m	1) AG Monitoring 2) ct 17ml feeds now 3) ↑ to 2ml at 12/m If No Abdominal distension & No Vomiting 4) Inf/n SOS
	CE WNL	

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D
Dr. SPANDANA PASUPULETI (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 1:30pm	c/s/B Dr- Pranav	
	D_3 / Mod PT (33^{+5} wk) / LBW / 2.48kg / CIAB / Em LSCS / TTNB	
	Baby dull now Accepting Spoon feed	Plx 1) BJ Vomiting & ↑↑ Abd distension Send CBP, CRP
	V/S/O HR - 142/min SpO_2 - 98% RR - 48/min BP - 70/37 (61)	2) Feed → 17-19 ml/Qam
		3) Ct. { Domstal Glycine
	R-S - B/L AE ✓ P/A - Soft ~ Distension	4) Monitor V/S/O.
		Pranav
	Noted by tamiprasanna	30/6/26 @ 2pm

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 4pm	c/s/13 Dr Spandana	
	Mod PT / 33+5 → 34+1 wk / RDS / 2.RW / 2.4 kg	
	SV on Room Air Tolerating feed	Plan 1) Feed - 14ml/q4 To 2nd/Alt feed
	Vitals HR - 150/min SpO_2 - 98% RR - 50/min BP - 65/28 (43)	2) If Vomiting & persistent abd distension - CBP CRP 3) T/m - Vit D 4) Glycerin Domstal
	R-S - B/L AE+ P/A - Soft	5) Mouth Vitals
		Plan noted by prasanna 30/6/26 @4pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	R/o Sepsis with dehydration.	
	Oral feeds. → tolerating	15 ml / 2nd bolus
		23 ml
	Off Oxygen	
	activity → (+)	
	Antibiotic →	Stopped
		Spoon feeding.
	By tomorrow →	23 ml
		discharge.
	Dr Tejas	

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S15 · Dr. Sindhuri / Dr. Sushanth	
30/06/26 11 PM	T baby on Room air Feeding feeds passing urine/stools	
	O/E: vitals: Euthermic HR: - 156/min SpO2 97% @ RA RR: 50/min BP: - 66/31 mmHg	
		Advise - Cont. 3pm feeds - Supportive care - Monitor vitals and Inform SOS Sushanth
		stated by Nikitha 30/6/26 @ 11 pm

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-08-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

B/o Saraswathi.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 4 pm.	Counselled.	
	→ Baby tolerating feeds well. To monitor – trial feeds from moth – if taking well then we plan to shift to ward.	
	→ vital – stable.	
	→ Tm plan – shift ward.	Sweeney.

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/B/S. - Dr. Sankanth / Dr. Vanaj	
01/07/26 7:30 AM	Mod. PT / 33+5 / ROS / LTJV / 2.4 kg	
	Baby on room air Accepting feeds	T:wt: 2.380 (↑ 10 gm)
	TCB <	Head - 12.6 Chest - 15.4
	O/E:- Vitals HR 120/min	
	SpO2 95-96% @RA	
	RR - 40/min	
	Tetanus (+)	
	S/E:- NAD	Adv
		- Strict: DSPT
		- Spoon feed 20ml 2nd hourly,
		- Monitor vitals and Inform SOS
		- Supportive care
		Sankanth
		Noted by Nikitha 1/7/26 @ 7:30 AM

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26, 10 AM	S/D Dr. Tejaswi	
	Modi prefem/ CHA → 3Lpm HFNC/ RDS/ LSCS/ 24hr	
	Baby Euthermic	Plan
	HR - 158/min	- CF DSPT
	SpO_2 - 98%	
		- Can be shifted to room side
	CVS - S1, S2 (+)	
	RS - BE - AE (+)	
		- Monitor vitals
	P/A - Soft	
	CTA good	-
	To continue same treatment.	
1/07/26 1:30pm	BCG OPV Hep-B Given	Dr. SL

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006667
Baby Of SARASWATHI (F)
27-08-2026 0 Y 0 M 4 D
Dr. SPANDANA PASUPULETI

= Saraswathi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 10 AM	Counselling - Baby stable - To be shifted to ward today - Vaccination today - Breast feed to be started today Dr Tejas	Noted K. Swapna.

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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DRUG CHART

Date of Admission: 27/6/26 ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signature .....

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight. 2.480gm Ward. .....

Verified by Dr. Dhakshayani

DRUG : INJ. PIPTAZ

Dose	Route	Frequency	Start Date
50 mg	IV	12H	27/06

Name & Signature of the Doctor Starting the Drugs: Sudhakar

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/6	28/6	29/6
6A	X		
2P	3pm SH	SH	
10pm			

STOP

Verified by Dr. Dhakshayani

DRUG : DOMSTAL SYP.

Dose	Route	Frequency	Start Date
0.4ml	PO	TID	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1mg/1ml)

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6	1/7
6A			
2P			
10P			

Verified by Dr. Dhakshayani

DRUG : GLYCERIN ENEMA.

Dose	Route	Frequency	Start Date
2ml	PR	BD	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2ml + 2ml NS

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6	1/7
6am	6mm		
6pm			

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-000162I2
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/06	1PM	IVF - 10% Dextrose + 5ml Calcium gluconate	IV	6.2		SK			
28/6/26		"	IV	8 ml					
	4pm.	IV fluids 10% D + 5% Calcium glu (80ml/kg/day) IVF = 192 ml feed = 48 ml Antib = 40ml	IV	6ml					
29/6/26	12PM	IV ISO-P + 5ml Ca. gluconate (120ml/kg/d)	IV						
		28 ml IVF 30ml Abx 24 ml Feeds							
29/6.				7.4ml/hr.					
30/6/26	7am	IVF - 10% D + cal gluconate (5ml) e[130ml/kg/day]	IV	e 4.5ml/hr			01/07		
		feeds - 204 IVF - 108							

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: RDS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	27/6/26 E2	27/6/26 N1	28/6/26 M6	28/6/26 E2	28/6/26 N1	29/6/26 M8
Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.5C	36.5C	36.5C	36.6C	36.5C	36.6C
Res:	32 bpm	38 bpm	41 bpm	40 bpm	48 bpm	48 bpm
SpO_2:	100%	100%	99%	99%	97%	99%
Pulse:	122 bpm	142 bpm	116 bpm	128 bpm	128	126
BP:	69/41(51)	70/44(50)	67/40(50)	62/30	69/43(53)	64/30
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	prasanna	Jyothi	prasanna	Dhanu	Jyothi	Dhanu
Signature :	Shp	Jyothi	Shp	Dhanu	Jyothi	Dhanu
Date:	27/6/26	28/6/26	28/6/26	28/6	29/6/26	29/6
Time:	8pm	8am	2pm	8pm	8am	8pm
Taken Over By Name :	Jyothi	prasanna	Dhanu	Jyothi	prasanna	Jyothi
Signature :	Jyothi	Shp	Dhanu	Jyothi	Shp	Jyothi
Date:	27/6/26	28/6/26	28/6	28/6/26	29/6/26	29/6/26
Time:	8pm	8am	2pm	8pm	2pm	8pm

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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...SING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	29/6/26 N	30/6/26 M	30/6/26 N1			
	Medical Condition (Any special condition to be noted):	RDS	RDS	RDS			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.5°C	36.8°C	36.6°C			
	Res:	46	46 bpm	40 bpm			
	SpO_2:	97%	97%	100%			
	Pulse:	148	146 bpm	147			
	BP:	63/42 (50)	64/40	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
Recommendations	Safety Needs:	Yes	Yes	Yes			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—			
Post Operative Procedure Special Orders:			—	—			
Handed Over By Name :		Jyothi	prasanna	Nikitha			
Signature :			SH				
Date:		30/6/26	30/6/26	30/6/26			
Time:		8 AM	8 PM	8 AM			
Taken Over By Name :			Nikitha				
Signature :							
Date:		30/6	30/6/26				
Time:		8 PM	8 PM				

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 27/6	27/6	28/6	28/6
					Time : E2	M1	M6	C2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	21	21	21	24
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 16 H (F)
Dr. SP.VINDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 28/6/26	29/6	29/6	29/6
					Time : M	M6	G2	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	21	21	24	21
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 30/6/26	30/6/26		
					Time : MS	NH		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3		
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3		
				TOTAL SCORE	21	21		
				Evaluator's Name	SM			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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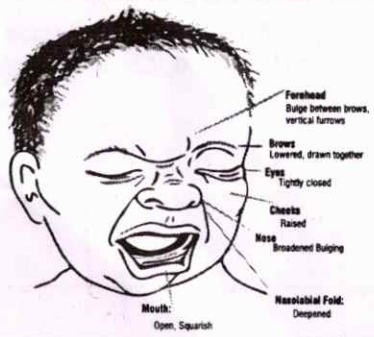
HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	27/6 Time	27/6 Time	28/6 Time	28/6 Time	29/6 Time	29/6 Time	29/6 Time	29/6 Time	30/6 Time
						6 2	10 1	M 6	6 2	11 1	M 6	6 2	N 1	M 5
Procedure ➡						—	—	—	—	—	—	—	—	—
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA	NA
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA	NA
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA	NA
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA	NA	NA
Gestational Age / Corrected Age						34 wks	34 wks	34 wks	34 wks	34 wks	34 wks	34 wks	34 wks	34 wks
Total Pain / Agitation Score						—	—	—	—	—	—	—	—	—
Intervention						—	—	—	—	—	—	—	—	—
Effectiveness						—	—	—	—	—	—	—	—	—
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 3 D (F)
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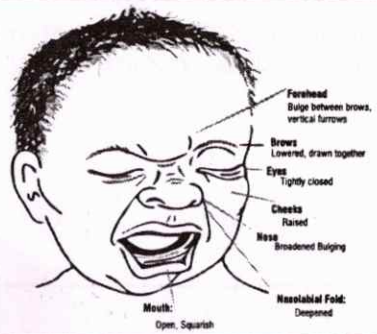
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						30/6								
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						NI								
					Procedure ➡	—								
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA								
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA								
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA								
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA								



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	34+ week													
Total Pain / Agitation Score	—													
Intervention	—													
Effectiveness	—													
Signature														

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
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	  • "Deep sedation": goal score of -10 to -5
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	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00016212 IP26-00006667
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

27/6/26 28/6/26 29/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	0	0	AD	2A	0	AD	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	0	AD	2A	0	AD	2A	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	0	AD	2A	0	AD	2A	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	0	AD	2A	0	AD	2A	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	0	AD	2A	0	AD	2A	
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Bharani Name : Bharani

Signature of Ward In Charge :

Signature : Bharani Name : Bharani

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

30/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0							
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Bharani Name : Bharani

Signature of Ward In Charge :

Signature : Bharani Name : Bharani

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 27/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		✓	✓	
Excess Rainout (Efferent Tubing) Drained		✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil		✓	✓	
Gas Bubbling Continuously		✓	✓	
Water Level at Desired Level in Bubble Chamber.		✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Prasanna	Jyothi	
Signature of the Nurse:		Sd	Sd	
Date & Time:		27/6/26	27/6/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

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CHE
MAIN..AINING CPAP / HFNC / NIV

Date: 28/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✗	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✗	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✗	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✗	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	prasanthi	Dhya	Jyothsna	
Signature of the Nurse:	SP			
Date & Time:	28/6/26	28/6/26	28/6/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Rainbow Retrieval Team

TRANSPORT SHEET

Rainbow® Children's Hospital
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RRT No. | Year | NICU / PICU | Number |

Date: | Date | Month | Year |

Type of Transport: ☐ Urgent ☐ Standard ☐ Planned

Patient Name : B/o Sumaiah DoB: Day Month Year ToB (NICU) AM/PM

Gender : Male ✓ Female Birth Weight: 2940gm Current Weight: GA: Weeks Days CGA: Weeks Days

History (by Doctor) :
Machanta preterm (33+5 d)/ female/ B.wt - 2940gm/
CIAD/ IRDS ITINS

Maternal History: Antenatal Steroids ☐ PROM ☐ Hrs $MgSO_4$ ☐ APGAR ☐☐☐ Vit-K ☐

Antibiotics ..... HVS .....

Referring Hospital : Aneetha Hospital Referring Doctor .....

Destination Hospital : Rainbow Hospital (Emergency)

Estimated Kilometers of transport : ..... Parents Contact Number: .....

Call received by : ..... Time Transport Confirmed: ..... (24 Hr Format)

Transport discussed with Rainbow consultant : Dr. Tejaswi

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
1	Transport Ventilator		
2	Ventilator Tubing		
3	Transport Incubator (NICU)		
4	Syringe Pumps .....(Numbers).....		
5	Transport Monitor		
6	Transport Kit (Sealed)		
7	Suction Machine Checked		
8	Defibrillator (for PICU)		
9	iSTAT		
10	iSTAT - Cartridge		
11	Gases Checked		

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
12	Oxygen Cylinder (Portable)		
13	Transwarmer		
14	Humivent		
15	iNo		
16	Forms & Reports		
17	Surfactant Vial (NICU)		
18	Fridge Drugs		
19	Airway Bag		
20	Transfer Plan Agreed with Rainbow Consultant		

Note: '✓' = Yes, '×' = No, 'NA' = Not Application

Timing (in 24 Hrs Format)

Time Ambulance Requested		
Time Ambulance Ready		
Time of Departure from Rainbow Hospital		
Time Team arrived at baby (Referring Hospital)		
Time Team depart with baby (from Referring Hospital)		
Time of arrival at Rainbow Hospital		
Any delays?	Yes	No

Transport Team

Team Leader / Doctor : Dr. Tejaswi

Nurse : .....

Driver : .....

Others : .....

Reasons for delay: .....

Assessment at Referring Hospital

Airway & C-Spine

- ☐ Clear
- ☐ Compromised
- ☐ Intubated
- ☐ being Intubated
- ☐ Tracheostomy
- ☐ Collar
- ☐ Blocks & Tape
- ☐ Surfactant (Time)

Size,
Route,
Lenght
Cuffed / Uncuffed

Breathing

- ☐ Ventilated - (Mode)
- ☐ HFOV
- ☐ CPAP / HFNC
- ☐ SV (Air/O_2..... L/Min)

PIP / DP		SpO_2	
PEEP		Insp. Time	
FiO_2		Exp. Time	
MAP		Nitric PPM	
V. Rate		Oxyg Index	

Resp Rate

Resp Efforts | Mild | Moderate | Severe |

Circulation

Observations		Fluid Boluses (ml/kg)	
HR		Colloid	
BP		Crystalloid	
Mean BP		Blood	
CAP Refill		FFP / CRYO	
		U/Output	

Inotropes (Dose)

IV Access & Site

- ☐ Peripheral
- ☐ Central
- ☐ Arterial

Neurology

GCS | E | V | M | | A | V | P | U |

Sedated ☐
Paralysed ☐
Pupils | R | L |

☐ 3% Saline
☐ Mannitol
☐ NG Tube
☐ OG Tube

AF | Activity | Tone

Antibiotics.....

Blood Gases

ART / VEN / CAP

Time	pH	pCO_2	pO_2	HCO_3^-	BE	Lactate	Glucose	Na^+	K^+	Hb

Temp. | Core | Skin | RBS | mg/dl

Culture Results

Investigations at Referring Hospital

Date & Time			
Hb			
WBC			
Platelets			
Na^+			
K^+			
Urea			
Creatinine			
INR/PT			
APTT			
AST/ALT			
Billrubin			
CRP			
Others			

Imaging

	Plain X-Rays	CT /US/ MRI
Date & Time		

Primary Diagnosis .....

.....

Co-Morbidity .....

.....

Co-Morbidity Type ☐ Resp ☐ Cardiac ☐ Neuro ☐ Genetic / Syndrome ☐ Metabolic/Endo ☐ Haem/Onc ☐ Multisystem

Plan discussed with RRT Consultant : Yes | No

Consultant Name: .....

Comments: .....

.....

.....

.....

Summary of Interventions at Referring Hospital

Airway & C-Spine

Primary Intubation	☐	RRT	☐	RH	Other Airway	☐	RRT	☐	RH
Re-Intubation	☐	RRT	☐	RH	C-Spine Immobilisation	☐	RRT	☐	RH
ETT Repositioning	☐	RRT	☐	RH					

Detailed Notes: .....

.....

Breathing

LFO_2 (..... L/min)	☐	RRT	☐	RH	Chest Drain	☐	RRT	☐	RH
HFNC	☐	RRT	☐	RH	Non-Invasive Vent	☐	RRT	☐	RH
Mechanical Vent	☐	RRT	☐	RH	ECMO	☐	RRT	☐	RH
Inhaled Nitric Oxide	☐	RRT	☐	RH	Surfactant	☐	RRT	☐	RH

Detailed Notes: .....

.....

Circulation

Inotropes / Vasopressors	☐	RRT	☐	RH (Dose)	Intraosseous Access	☐	RRT	☐	RH (Site)
Central Venous Line / UVC	☐	RRT	☐	RH (Size, Site,	Peripheral IV	☐	RRT	☐	RH (Site)
Ultrasound Guidance	☐	RRT	☐	RH Lumen, Attempt)	CPR / Defibrillation	☐	RRT	☐	RH
Arterial Line / UAC	☐	RRT	☐	RH	Postaglandin Infusion	☐	RRT	☐	RH (Dose)

Detailed Notes: .....

.....

Neurology

CT Scan / NSG	☐	RRT	☐	RH	Sedation	☐	RRT	☐	RH
3% Sailne / Mannitol	☐	RRT	☐	RH	Muscle Relaxant	☐	RRT	☐	RH

Detailed Notes: .....

.....

Others

Nasio / Orogastric Tube	☐	RRT	☐	RH	Blood Products	☐	RRT	☐	RH
Urinary Catheter	☐	RRT	☐	RH	Neonatal Cooling	☐	RRT	☐	RH

Detailed Notes: .....

.....

Discussed with RRT Consultant : Yes No Consultant Name: .....

Comments: .....

.....

Monitoring During Transport by Doctor (Hourly)

Time	Temp	HR	RR	SpO_2	BP	CRT	$ETCo_2$	PUPIL	AVPU

Clinical Status at Arrival to Rainbow Children's Hospital

Clinical Examination

Temperature : Afebrile Heart Rate : 160/min Respiratory Rate : 50/min NIBP :

SPO2 : 92% @ RA $EtCO_2$: CVP : CRT :

RBS : 99% @ O_2 @ 5 LPM Pupils : 4mm/sluggish

Systemic Examination: Subcutaneous retraction ⊕

Handover given to (Name)	**Reasons for Not Transported**
	☐ Patient Improved ☐ Patient Died with Team ☐ Patient Died in the Ambulance
RCH IP No :	

Events During Transfer: ☐ Administrative ☐ Equipment ☐ Clinical ☐ Vehicle ☐ Communication ☐ Personel

Details:

Final Outcome of the Patient: DISCHARGED | DEATH | LAMA

Other Comments:

TRANSPORT CONSENT

I ..... Aged ..... S/o. .....

hereby given my consent for my Son / Daughter ..... for the transportation

from ..... hospital to ..... hospital.

I give consent for any procedure or interventions needed for the treatment of my child.

I am fully aware that the transport of my child in the ambulance is risky and the associated risks have been fully explained to me by the transport team. I also state that the hospital authorities, including referring hospital, transport team and the hospital to which the transport is being carried out, will not be held liable for the consequences arising out of the transportation.

A fully description of the transportation, including risk, complications and consequences including possibility of fatality like death, has been discussed with me in a language known to me to my satisfactory understanding.

Expected cost of treatment has been explained to me in my own language.

Patient / Guardian:

Name & Signature : Nagi Reddy / Signature.

If guardian, Relation : Father.

Address : Kukatpally. Hyd. 500072

Contact No : 9701947399

WITNESS:

Name & Signature : Dheeraj

If guardian, Relation :

Address :

Contact No :

DOCTOR Dr. Tejaswi

Name : Dr. Sushanth

Signature : (Sushanth)

Date & Time : 27/6/26.